

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/049642

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		0		1		
7	1		1			
8		1		1		
9		1		1		
10	1		1			
11		1		1		
12		2		1		
13		2		1		
14		2		1		
15		0		1		
16	1		1			
17		1		1		
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19		0				
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TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		↓	22/18	↓		↓
TOTAL CLAIMS			22			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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